

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/5353
FILING DATE
3-17-87

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		2					53						
4	1						54						
5		1					55						
6	1						56						
7		1					57						
8	1						58						
9		1					59						
10	1						60						
11		1					61						
12	1						62						
13		1					63						
14	1						64						
15		1					65						
16	1						66						
17		1					67						
18	1						68						
19		1					69						
20	1		1				70						
21		1	1				71						
22	1		1				72						
23		1					73						
24		1					74						
25		1					75						
26		1	1				76						
27		1					77						
28		1					78						
29		1	1				79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1	1				84						
35		1	1				85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓			↓								
TOTAL DEP.	23	←			←			↓					
TOTAL CLAIMS	23							←			↓		
											←		